

In re Application of:

NEUHOLD ET AL.

Application No.: 09/717,450

Filed: November 20, 2000

For: TRANSGENIC ANIMAL MODEL FOR DEGENERATIVE  
DISEASES OF CARTILAGE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450



Docket No. 01997.044100.1 (New)

Customer No. 45743 (NEW)

Examiner: Wilson, Michael C

Confirmation No.: 5417

Group Art Unit: 1632

Date: April 7, 2006

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 7, 2006

(Date of Deposit)

Joseph P. Pieroni (Reg. No. 53,469)

(Name of Attorney for Applicant)

Signature

April 7, 2006

Date of Signature

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 41	MINUS	** 42	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

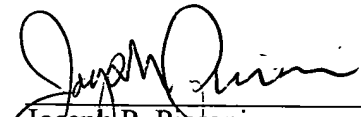
\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$ 450.00 to cover the fee for a two month extension is enclosed.
- ☒ An Information Disclosure Statement plus sixteen documents is enclosed.
- ☒ The following Declarations are enclosed:
- ☒ Second Declaration of Dr. G. Roger Askew Under 37 C.F.R. § 1.132.
- ☒ Third Declaration of Dr. Lisa A. Neuhold Under 37 C.F.R. § 1.132.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Joseph P. Pieroni  
Attorney for Applicants  
Registration No.: 53,469

FITZPATRICK, CELLA, HARPER & SCINTO  
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Form #120

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